	r'					_			ی	8/	SAD											
رو	PÂTENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number D 9-662630													
				aglio	43	103H																
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALI	ENTITY	OR	OTHER SMALL											
FOR NUMBER FILED					NUMBER EXTRA			RATE	FEE	7	RATE	FEE										
BA	SIC FEE	F 1 7	5,4	1				E RECO	245.00	OR	1 3. 1. 1.	690.00										
TO	TAL CLAIMS		/ minus	20=	•			70.0	8	1												
-		LAIMS	3 minus		. 2			X\$ 9=		OR	X\$18=											
├	EPENDENT C		<u> </u>	3 =				X39= ———		OR	X78=											
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=											
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	190										
1	1 28 09 CLAIMS AS AMENDED - PART II							OTHER THAN														
Ц	(Column 1) (olumn 2)	(Column 3)	_	SMALI	ENTITY	OR	SMALL	<u> </u>										
AMENDMENT A		REMAINING AFTER AMENDMEN	ŀ	PR	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
Σ Ω	Total	.20	Minus		16	2		X\$ 9=		ØR	X\$/18=											
MEN	Independent	. 24	Minus		3	= /	ŀ	X39=	1 /	Y	/X78=											
¥	FIRST PRESE	NTATION OF	MULTIPLE DE	PEND	ENT CLAIM		ŀ		+ #	OP	И											
								+130=		OA	+260=											
							A	TOTA DDIT. FEI		OR	TOTAL ADDIT. FEE											
_		(Column 1)		olumn 2) HIGHEST	(Column 3)	_															
ENDMENT B		REMAINING AFTER AMENDMEN		PR	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total		Minus	••		=	١	X\$ 9=	Į!	OR	X\$18=											
AME	Independent	•	Minus	•••		=	Ī	X39=		OR	X78=											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							400	1		200											
							L	+130=	ļ	OR	+260=											
							A	TOTAL DDIT. FEE		OR	ADDIT. FEE											
		(Column 1)		olumn 2) IIGHEST	(Column 3)																
AMENDMENT C		REMAINING AFTER AMENDMEN		PR	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	•	Minus			=	ſ	X\$ 9=		OR	X\$18=											
	Independent	•	Minus	•••		=	t	X39=			X78=											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						H	700-	 	OR												
										OR	+260=											
" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE										OR	TOTAL ADDIT. FEE											
							foun	d in the a	ppropriate bo	k in col	The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.											